

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	COMPLAINT FOR DIVORCE	CASE NUMBER FC-D NO.
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<div style="text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> PLAINTIFF (Your Full Name) </div> <div style="text-align: center; margin: 20px 0;"> VS. </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> DEFENDANT (Your Spouse's Full Name) </div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff
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Name _____ Address _____ City, State, Zip _____ Phone _____	
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I, the Plaintiff, in support of this Complaint for Divorce, allege:

1. Jurisdiction:
 I and/or my spouse, the Defendant, have lived or have been physically present in the State of Hawai'i for a continuous period of at least six (6) months and I have lived and/or been physically present on the Island of O'ahu for a continuous period of at least three (3) months immediately preceding this application.

2. Marriage:
 The parties (plaintiff and spouse) are lawfully married to each other.

3. Children:

- a. ☐ The parties have no children together.
- b. ☐ The parties have ____ (enter number) child(ren) under 18 together.
- c. ☐ The parties have ____ (enter number) child(ren) 18 or older together, who are dependent on them for support.
- d. ☐ The parties have ____ (enter number) child(ren) 18 or older together, who are not dependent on them for support.
- e. ☐ Wife has ____ (enter number) child(ren) born during the marriage, not fathered by Husband.
- f. ☐ Wife is pregnant.

4. Custody and Visitation:

- a. Legal custody of the minor child(ren) should be awarded to:
☐ Me, Plaintiff ☐ My spouse, Defendant ☐ Both parties jointly
- b. Physical custody of the minor child(ren) should be awarded to:
☐ Me, Plaintiff ☐ My spouse, Defendant ☐ Both parties jointly
- c. The parent not awarded physical custody should have:
☐ Reasonable visitation ☐ Supervised visitation ☐ _____
- d. Child support should be awarded in accordance with the child support guidelines.

5. Division of Assets:
 All assets my spouse and I own should be divided in a just and equitable way.

6. Division of Debts:
 All debts my spouse and I owe should be divided in a just and equitable way.

7. Spousal Support (Alimony):

- a. ☐ I am entitled to an order that my spouse pay spousal support (alimony) to me.
- b. ☐ My spouse ☐ is ☐ is not entitled to an order that I pay spousal support (alimony) to him/her.

8. Grounds:
 Pursuant to HRS Section 580-41, I allege that the grounds for divorce are as follows (check one only):

- a. ☐ The marriage is irretrievably broken.
- b. ☐ The parties have lived separate and apart for a period of two (2) or more years under a decree of separation from bed and board or under a decree of separate maintenance.
- c. ☐ The parties have lived separate and apart for a continuous period of two (2) or more years immediately preceding the application, there is no reasonable likelihood that cohabitation will be resumed, and it would not be harsh and oppressive to Defendant, or contrary to the public interest, to grant a divorce on this ground on the complaint of Plaintiff.

It is requested of the Court:
 That a decree be entered granting a divorce from the bonds of matrimony and granting the relief requested above, all as alleged and as may be appropriate and in accordance with the evidence and the law, and other relief as the Court deems proper in this case.

I declare, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief.

DATE	PLAINTIFF'S SIGNATURE
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STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	SUMMONS TO ANSWER COMPLAINT	CASE NUMBER FC-D NO.
<div style="text-align: right; margin-bottom: 20px;"> _____ PLAINTIFF (Full Name) </div> <div style="text-align: center; margin-bottom: 20px;"> VS. </div> <div style="text-align: right;"> _____ DEFENDANT (Spouse's Full Name) </div>	<div> This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff </div> <div style="margin-top: 10px;"> Name _____ </div> <div style="margin-top: 10px;"> Address _____ </div> <div style="margin-top: 10px;"> City, State, Zip _____ </div> <div style="margin-top: 10px;"> Phone _____ </div>	

TO THE DEFENDANT

You are hereby summoned and required to serve a written answer to the attached Complaint within 20 days after service of this Summons upon you, exclusive of the date of service.

Your written answer must be filed with the Chief Clerk of this Circuit at the following location or address.

Ka'ahumanu Hale
 777 Punchbowl Street
 Honolulu, Hawai'i 96813

A copy of your answer should also be served upon the Plaintiff's attorney, or in the event Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the Complaint.

If you fail to file your written answer within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the Complaint, without further notice to you.

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURTS PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.

DATE	CLERK OF COURT
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STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT		MATRIMONIAL ACTION INFORMATION			CASE NUMBER FC-D NO.		
PLAINTIFF		PREPARED: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> ATTORNEY FOR DEFENDANT			DATE FILED		
DEFENDANT							
NATURE OF CASE <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER							
ITEM	WIFE			HUSBAND			
FULL NAME							
BIRTH OR MAIDEN NAME							
ADDRESS STREET, APT. NO.							
TOWN, STATE, ZIP COUNTY							
PHONE	HOME	WORK	HOME	WORK			
SOCIAL SECURITY NUMBER							
DATE OF BIRTH							
PLACE OF BIRTH (State or Country)							
RACE							
HIGHEST GRADE COMPLETED							
HAWAII RESIDENT SINCE							
CIRCUIT RESIDENT SINCE							
PRIMARY EMPLOYER (Name and Address)							
JOB TITLE							
WORK SCHEDULE							
LENGTH OF SERVICE							
GROSS MONTHLY INCOME (All Sources)	Primary	Secondary	Welfare	Primary	Secondary	Welfare	
DATE OF THIS MARRIAGE	DATE			COUNTY / STATE			
DATE OF SEPARATION <input type="checkbox"/> NOT SEPARATED	DATE			COUNTY / STATE			

MATRIMONIAL ACTION INFORMATION (Continued)						CASE NUMBER
						FC-D NO.
	FROM MONTH/YEAR	TO MONTH/YEAR	TERMINATED BY			STATE
			DIVORCE	ANNULMENT	DEATH	
WIFE'S PRIOR MARRIAGES						
HUSBAND'S PRIOR MARRIAGES						
CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST						
CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (HUSBAND, WIFE OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE	
INFORMATION REQUIRED FOR CUSTODY						
CHILDREN'S PRESENT ADDRESS:						
PLACES WHERE AND PERSONS WITH WHOM THE CHILDREN HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES						
ADDRESS	CARETAKERS			FROM MONTH/YEAR	TO MONTH/YEAR	
WIFE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT PREGNANT. EXPECTED DELIVERY DATE:						
THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.						
DATE	SIGNATURE					

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	NOTICE TO ATTEND KIDS FIRST	CASE NUMBER FC-D NO.
PLAINTIFF'S Name: _____ Address: _____ Telephone: (hm) _____ (wk) _____ Cellular: _____	Attorney's Name, Address and Telephone Number <input type="checkbox"/> No Attorney	
DEFENDANT'S Name: _____ Address: _____ Telephone: (hm) _____ (wk) _____ Cellular: _____	Attorney's Name, Address and Telephone Number <input type="checkbox"/> No Attorney	
<u>DO NOT BRING CHILDREN UNDER THE AGE OF 6 YEARS OLD</u>		
CHILDREN: List all children ages 6 to 17 years old from this and any prior relationship.		
NAME	DATE OF BIRTH & AGE	LIVING WITH:
Staff Use Only (Date Attended)		
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Mother, Father and children, ages 6 - 17 <u>must attend</u>. You are scheduled for:		
Date: <u>Wednesday,</u>		
Time: 4:30 p.m. <i>Registration</i>		
5:00 p.m. to 7:15 p.m. <i>Program</i>		
Place: Circuit Court Jury Pool Lounge, First Floor		
777 Punchbowl Street, Honolulu, Hawai'i		
<u>IMPORTANT:</u> READ INSTRUCTIONS on page 2 of this notice.		
DATE	CLERK'S SIGNATURE	

KIDS FIRST INSTRUCTIONS

KIDS FIRST is a program designed to help parents understand the effects of separation and divorce on their children and to help children cope with changes in their families. Both parents and children (ages 6 - 17) of either mother or father, from this and any prior relationships must attend Kids First, unless excused by the Judge.

Failure to attend may cause you to be brought before the Court to explain your non-attendance and may be considered as a factor in custody decisions. Non-attendance may also delay the granting of your divorce decree.

Your children will be escorted to the second floor of the courthouse to view a video and participate in activities and a mock trial. Children will be grouped by age and will be led by trained facilitators. Parents will have their own program presented by a Family Court Judge and psychologists who specialize in divorce.

DO NOT BRING CHILDREN UNDER AGE 6 or any child not listed on page 1 of this notice. Babies and minor children are not allowed in the parents' program. If you bring a child under age 6, you will be required to reschedule to another day.

Metered parking is available on the surrounding streets. (Caution: Halekauwila Street has a tow-away zone.) Also, parking is available at **Restaurant Row** for a reduced rate with validation. Bring the parking stub to the program for a validation. Entry to Restaurant Row parking is on Pohukaina Street or South Street.

Please enter the Circuit Court through the front door at 777 Punchbowl Street.

You must call (808) 538-5878 if any of the following apply:

- ▶ **Restraining Order**
- ▶ **Moving off island**
- ▶ **Child Protective Service Case**
- ▶ **Child with special needs (physical, mental, language difficulties)**
- ▶ **You received this notice after your scheduled date**
- ▶ **Any scheduling questions**

Leave your name, daytime phone number/cellular number and a detailed message on this recording. Your call will be returned as soon as possible.



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require reasonable accommodations for a disability, please contact the Disability Accommodations Coordinator at the First Judicial Circuit, Chief Court Administrator's Office 539-4400, FAX 539-4402 or TTY 539-4853, at least ten days prior to your appointment.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	MOTION FOR SERVICE BY MAIL AND AFFIDAVIT; ORDER FOR SERVICE BY MAIL	CASE NUMBER FC-D NO.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">PLAINTIFF (Full Name)</div> </div> <div style="width: 45%;"> This document is prepared by <input type="checkbox"/> Movant <input type="checkbox"/> Atty. for Movant <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City, State, Zip <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone </div> </div> <div style="text-align: center; margin: 20px 0;">VS.</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> </div>		<div style="text-align: center; border: 1px solid black; height: 100px; margin: 10px 0;"></div>
MOTION FOR SERVICE BY MAIL AND AFFIDAVIT The undersigned party to this action moves for an order authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the Circuit and receives mail at the following address:		
MOVANT'S SIGNATURE		
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE:	NOTARY PUBLIC'S SIGNATURE STATE OF HAWAI'I, FIRST JUDICIAL CIRCUIT	MY COMMISSION EXPIRES:
ORDER FOR SERVICE BY MAIL		
It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding <u>certified</u> copies of the <input type="checkbox"/> Complaint <input type="checkbox"/> Summons <input type="checkbox"/> Motion and Affidavit for Pre-Decree Relief and Attachments <input type="checkbox"/> Motion and Affidavit for Post-Decree Relief and Attachments <input type="checkbox"/> Income and Expense Statement; Asset and Debt Statement <input type="checkbox"/> _____		
and of this Order to the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant of the above document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date of receipt.		
DATE	CLERK OF THE COURT	

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	APPEARANCE AND WAIVER	CASE NUMBER FC-D NO.
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">PLAINTIFF (Full Name)</div> </div> <div style="width: 45%; text-align: center;"> <p>VS.</p> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> </div>	<p>This document is prepared by</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant </div> <div style="margin-bottom: 10px;"> Name </div> <div style="margin-bottom: 10px;"> Address </div> <div style="margin-bottom: 10px;"> City, State, Zip </div> <div> Phone </div>
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I, the Defendant, acknowledge receipt of a filed copy of the Complaint and Summons in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on the matters set forth in

☐ a signed agreement incident to divorce.
☐ a form of Decree which I have approved by signature.

I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.

I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.

☐ I am not in the military service of the United States.
☐ I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Soldiers' and Sailors' Civil Relief Act, 50 U.S.C. Sec. 521, et. seq.

DATE	DEFENDANT'S SIGNATURE	
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STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	PROOF OF SERVICE	CASE NUMBER FC-D NO.
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<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 80%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">PLAINTIFF (Full Name)</div> </div> <div style="width: 15%; text-align: center;">VS.</div> <div style="width: 5%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> </div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff <div style="margin-top: 10px;"> Name </div> <div style="margin-top: 10px;"> Address </div> <div style="margin-top: 10px;"> City, State, Zip </div> <div style="margin-top: 10px;"> Phone </div>
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I served a certified copy of each document identified below by delivering to the following person(s):

PERSON(S) SERVED	DATE	TIME	PLACE

DOCUMENTS SERVED

☐ Complaint
 ☐ Summons
 ☐ Notice to Attend Kids First II

☐ Motion and Affidavit for Pre-Decree Relief and Attachments

☐ Motion and Affidavit for Post-Decree Relief and Attachments

☐ _____

PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT

DATE	POLICE OFFICER'S SIGNATURE	BADGE ID NUMBER	
DATE	OTHER SERVING OFFICER'S SIGNATURE	NAME OF SERVING OFFICER	
<input type="checkbox"/> UNSERVED DOCUMENTS: I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.			

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2"	CASE NUMBER FC-D NO.
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">PLAINTIFF (Full Name)</div> </div> <div style="width: 45%; text-align: center;">VS.</div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> </div>		This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City, State, Zip <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone
STATEMENT OF MAILING I REPRESENT THAT I caused one <u>certified</u> copy each of the Complaint For Divorce; Summons to Answer Complaint; and Motion for Service by Mail and Affidavit; Order for Service by Mail; and _____, to be mailed by certified or registered mail, return receipt requested, restricted delivery to: <div style="display: flex; justify-content: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: right; margin-right: 10px;">Defendant's Name</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: right; margin-right: 10px;">Defendant's Address</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: right; margin-right: 10px;">City/State/Zip</div> </div> <div style="text-align: center;">Defendant</div> <p style="margin-top: 20px;">At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.</p>		
DATE	PLAINTIFF'S SIGNATURE	

EXHIBIT "1"

EXHIBIT "2"

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	INCOME AND EXPENSE STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER FC-D NO.
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<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right; margin-bottom: 10px;">PLAINTIFF (Full Name)</div> <div style="text-align: center; margin-bottom: 10px;">VS.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant Name _____ Address _____ City, State, Zip _____ Phone _____
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Occupation: _____ *Job title*

Employer: _____

Address: _____

Length of service: _____ months/years.

Income Tax Withholding based on: _____ dependents.

INCOME

Gross income. Paid: ☐ monthly, ☐ 2 times per month, ☐ every 2 weeks, ☐ weekly ☐ or other _____

Gross per pay period \$ _____ Per month \$ _____

Payroll deductions per pay period:

Fed. income tax	\$	_____
State income tax	\$	_____
FICA (Social Security)	\$	_____
Union dues	\$	_____

a) Net per pay period \$ _____ Per month \$ _____

Other:

Retirement/401K	\$	_____
Credit Union	\$	_____
Direct Deposit	\$	_____
Income Assignments	\$	_____
Support Payments	\$	_____
Medical Insurance	\$	_____

b) Take home per pay period \$ _____ Per month \$ _____

Other regular monthly income, (rental income, 2nd job, interest, child support, welfare, food stamps, and any other source.)

Gross monthly receipt	\$	_____
Taxes paid IRS and State on above	\$	_____

c) Total other income net \$ _____

Total Monthly Income (Add per month income from lines *a* and *c* above) \$ _____

EXPENSES

Do not list expenses which are paid by payroll deduction.

Housing, expenses per month:

rent, mortgage, agreement of sale	\$ _____
insurance if not included above	\$ _____
Real Property taxes (if paid separately)	\$ _____
Utilities, gas, water, elec., telephone etc.	\$ _____

Transportation, expenses per month:

Car payment, lease, rental	\$ _____
Insurance on vehicle	\$ _____
Maintenance (repairs)	\$ _____
Operating (gas, oil & tires)	\$ _____

Total Housing and Transportation expenses \$ _____

Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ _____

Personal Expenses per month:

	Self	Children No.(_)
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical and Dental	\$ _____	\$ _____
Laundry & Cleaning	\$ _____	\$ _____
Personal articles	\$ _____	\$ _____
Recreation (movies etc)	\$ _____	\$ _____
School (include food)	\$ _____	\$ _____
Household	\$ _____	\$ _____
Bus (on monthly basis)	\$ _____	\$ _____
Other (_____)	\$ _____	\$ _____
Payment to others for dependent care		\$ _____
Sub Totals	\$ _____	\$ _____

Total Personal expenses \$ _____

Grand Total expenses: Housing, Trans., Debt & personal \$ _____

Savings, <Deficiency>: Income minus Expenses \$ _____

Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.)

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE

☐ PLAINTIFF'S ☐ DEFENDANT'S SIGNATURE

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER FC-D NO.
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<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 80%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right; margin-bottom: 10px;">PLAINTIFF (Full Name)</div> <div style="text-align: center; margin-bottom: 10px;">VS.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> <div style="width: 15%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right; margin-bottom: 10px;">PLAINTIFF (Full Name)</div> <div style="text-align: center; margin-bottom: 10px;">VS.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> </div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City, State, Zip <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone
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1. **Cash** (on hand or held by others for me) \$

2. **CREDIT UNION ACCOUNTS:**

<u>Name</u>	<u>Title (H,W,J)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>

3. **BANK AND SAVINGS ACCOUNTS:** (Include Trustee Accounts)

<u>Company & Branch</u>	<u>Type of Account</u>	<u>Title (H,W,J)</u>	<u>Current Balance</u>

4. **SECURITIES:** (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)

<u>Company</u>	<u>Title (H,W,J)</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Market Value</u>	<u>Debt Owed Against</u>

5. **VEHICLES:** (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

<u>Year</u>	<u>Make</u>	<u>Title (H,W,J)</u>	<u>Current Market Value</u>	<u>Debt Owed Against</u>

6. **REAL PROPERTY:**

<u>Address</u>	<u>Fee or Lease</u>	<u>Title (H,W,J)</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Current Gross Value</u>	<u>Total Debt Owed</u>

7. **LIFE INSURANCE:**

<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Title (H,W,J)</u>	<u>Cash Value</u>	<u>Debt Owed Against</u>

8. **RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS:**

<u>Employer or Company</u>	<u>Title (H,W,J)</u>	<u>Type of Plan</u>	<u>Years in Plan</u>	<u>Total Value</u>

9. **ALL OTHER MAJOR ASSETS:** (Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetary Plots or Niches, Tax Refunds Due, etc.)

<u>General Description</u>	<u>Title (H,W,J)</u>	<u>Estimated Gross Value</u>	<u>Debt Owed Against</u>

10. PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON/S: (Aside from Bank & Savings Accounts Noted in paragraph 3)

<u>Description</u>	<u>Trustee/s</u>	<u>Beneficiaries</u>	<u>Value</u>	<u>Debt Owed Against</u>

11. **ALL OUTSTANDING DEBTS:** (Include those listed parts in 2, 4, 5, 6, 7, 9, and 10 above, in addition to all credit cards, charges, finance companies, and personal loans.)

[illegible]

Total Debt in Wife's Name Alone: _____

Total Debt in Husband's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied the information used in this Asset and Debt Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE) PAGE TWO	CASE NUMBER FC-D NO.
--	--	-----------------------------

5. Jurisdiction: (Check all that apply)

5a. ☐ Plaintiff had been domiciled or physically present on the Island of O‘ahu for a continuous period of at least 3 months prior to the filing of the Complaint for Divorce.

5b. ☐ Plaintiff had been domiciled or physically present in the State of Hawai‘i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce.

5c. ☐ Defendant had been domiciled or physically present in the State of Hawai‘i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce.

6. Defendant resides in (city, state) _____, _____.

(City) (State)

7. The parties were married on _____.

(Mo/Day/Yr)

8. The parties last lived together in (city, state) _____, _____ on _____.

(City) (State) (Mo/Day/Yr)

9. Plaintiff believes that the marriage is irretrievably broken because:

10. Financial statements:

10a. Plaintiff signed Income and Expense and Asset and Debt Statements on _____ (Mo/Day/Yr). To the best of Plaintiff’s knowledge there have been no substantial changes in Plaintiff’s financial circumstances since that date.

10b. ☐ Defendant signed Income and Expense and Asset and Debt Statements on _____ (Mo/Day/Yr). Plaintiff recognizes Defendant’s signature on said documents.

10c. ☐ Defendant’s Income and Expense Statement and Asset and Debt Statement are not filed because:

11. Plaintiff has carefully reviewed the proposed decree and agrees to the alimony, division of property and other provisions as provided in the proposed decree.

12. Plaintiff signed the proposed decree. ☐ Plaintiff recognizes Defendant’s signature on the decree.

13. Wife wishes to resume the use of her ☐ birth surname ☐ former married name and be known as: _____.

14. Husband wishes to resume the use of his ☐ birth surname ☐ former married name and be known as: _____.

15. Language Comprehension:

15a. ☐ Plaintiff fully understands the English language.

15b. ☐ Although Plaintiff does not fully comprehend written English, this document has been explained to him/her by _____ and based on that explanation Plaintiff understands this document.

16. Plaintiff requests that the court grant this divorce and enter the decree without his/her appearance in court.

17. Plaintiff has read this document and signs it voluntarily and without coercion and duress and not because he/she was told to sign it.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE) PAGE THREE	CASE NUMBER FC-D NO.
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18. Pregnancy:

18a. ☐ Wife is not pregnant.

18b. ☐ Wife is pregnant and her expected date of delivery is _____. Husband ☐ is ☐ is not the father of said child.
(Mo/Day/Yr)

19. Child(ren):

19a. ☐ Plaintiff and Defendant have no children together.

19b. ☐ The parties have _____ children together. The complete name and birthdate of each are listed as follows from the oldest to the youngest child (including adult child(ren)):

<u>Name</u>	<u>Date of Birth</u>
_____	<small>(Mo/Day/Yr)</small>
_____	<small>(Mo/Day/Yr)</small>
_____	<small>(Mo/Day/Yr)</small>
_____	<small>(Mo/Day/Yr)</small>
_____	<small>(Mo/Day/Yr)</small>
_____	<small>(Mo/Day/Yr)</small>

19c. ☐ There is/are child(ren) conceived during the marriage fathered by someone other than husband. Their name(s) and date of birth is/are listed as follows:

<u>Name</u>	<u>Date of Birth</u>	<u>Judgment of Paternity entered</u>
_____	<small>(Mo/Day/Yr)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<small>(Mo/Day/Yr)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Prior or Pending Custody Proceedings:

20a. ☐ I have not participated in any capacity in any law suit or proceeding in any state concerning custody of any of the minor children of the Plaintiff and Defendant together. I have no information of any pending custody proceeding or of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights concerning any minor children of the Plaintiff and Defendant together.

20b. ☐ Prior court case involving the subject children:

Case Name: _____

Case Number: _____

Location of Court: _____

Date Filed: (Mo/Day/Yr) _____

Date Concluded: (Mo/Day/Yr) _____

Type of Case: _____

20c. ☐ Other court case involving the subject children which is still pending:

Case Name: _____

Case Number: _____

Location of Court: _____

Date Filed: (Mo/Day/Yr) _____

Date Concluded: (Mo/Day/Yr) _____

Type of Case: _____

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	SUPPLEMENTAL AFFIDAVIT RE: DIRECT PAYMENT CHILD SUPPORT	CASE NUMBER FC-D NO.	
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> PLAINTIFF, vs. <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> DEFENDANT. </div>		Preparer's Name, Address and Telephone Number	
1. My spouse and I have agreed that I shall pay child support directly to my spouse and <u>not</u> through the Child Support Enforcement Agency (CSEA).			
2. Such an arrangement is in the best interest of our child(ren) because:			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> 3. <input type="checkbox"/> I affirm that all prior child support, ordered by the court or administratively, has been paid in a timely fashion. <input type="checkbox"/> I have not been previously ordered to pay child support.			
4. Our child(ren) do/does not receive public assistance, welfare, foster care, Social Security or other governmental assistance.			
5. There are no outstanding debts owed to the Department of Human Services or other public assistance agencies by myself or my spouse.			
6. I understand that at any time after the entry of our Divorce Decree, either party may void the direct payment arrangement and apply for services from the Child Support Enforcement Agency (CSEA) to receive payment through the agency.			
7. I further understand that if our child(ren) receive(s) public assistance from the Department of Human Services, foster care payments or Social Security or if either parent applies to the CSEA for services, CSEA may immediately void the direct payment arrangement by sending written notice by regular mail to both parents at their last known addresses as set forth in our Divorce Decree or subsequent child support order.			
8. Based upon the facts set forth herein, I ask this Court to approve direct payments of child support rather than requiring that child support payments be made through the CSEA.			
I declare that I understand that my signature under oath before a notary public is my solemn statement that I have read this affidavit and I know and understand the contents and that the statements are true, correct and complete to the best of my knowledge and belief.			
SIGNATURE		FOR COURT USE ONLY	
SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE:	NOTARY PUBLIC'S SIGNATURE STATE OF HAWAII		MY COMMISSION EXPIRES:

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	DIVORCE DECREE (With Children)	CASE NUMBER FC-D NO.
--	---	-----------------------------

<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 5px;">PLAINTIFF (Full Name)</div> </div> <div style="text-align: center; margin: 20px 0;">VS.</div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 5px;">DEFENDANT (Full Name)</div> </div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant Name _____ Address _____ City, State, Zip _____ Phone _____
--	---

Presiding Judge	Date of Hearing/Review by Judge
-----------------	---------------------------------

A hearing was held before the Presiding Judge or an affidavit was submitted and the Court waived hearing on this matter. After full consideration of the evidence, the Court finds the material allegations of the Complaint for Divorce to be true. Plaintiff is entitled to a divorce from the bonds of matrimony. The Court has jurisdiction to enter this Divorce Decree. In this Divorce Decree, Plaintiff is referred to as ☐ Husband ☐ Wife, and Defendant is referred to as ☐ Husband ☐ Wife.

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that:

1. **Decree:** A decree of divorce is granted to ☐ Husband ☐ Wife. The bonds of matrimony between Husband and Wife are hereby dissolved. The parties are restored to the status of single persons. Either party is permitted to marry after the effective date of this Divorce Decree.

2. **Effective Date:** This Divorce Decree is effective after it is signed and filed by the Court.

3. **Alimony:**

☐ 3A. Neither party shall be required to pay alimony to the other party.

☐ 3B. Beginning with a first payment on the _____ day of _____ (Month/Year)

☐ Husband ☐ Wife shall pay to ☐ Husband ☐ Wife alimony of \$_____ per month, to be paid

☐ in one amount of \$_____ by the _____ day of each month.

☐ in two equal installments of \$_____ by the _____ and _____ days of each month.

Alimony shall continue for _____ months and terminate with the payment due _____ (Mo/Day/Yr) .

 Alimony shall terminate upon the death of either Husband or Wife.

 Alimony ☐ shall ☐ shall not terminate upon the recipient's remarriage.

4. The parties have _____ child(ren) together:

<u>Name (first, middle, last)</u>	<u>Date of Birth</u>

5. **Custody:**

5A. Legal Custody of the above-named minor child(ren) is:

☐ Awarded to Husband

☐ Awarded to Wife

☐ Awarded to Husband and Wife, jointly.

☐ Reserved for a court of competent jurisdiction.

5B. Physical Custody of the above-named minor child(ren) is:

- ☐ Awarded to Husband with a detailed visitation/time sharing schedule to Wife as described in paragraph 6.
- ☐ Awarded to Wife with a detailed visitation/time sharing schedule to Husband as described in paragraph 6.
- ☐ Awarded to Husband and Wife, jointly, with a visitation/time sharing schedule as described in paragraph 6B below.
- ☐ Reserved for a court of competent jurisdiction.

6. **Visitation/Time Sharing Schedule** shall be as follows:

- ☐ 6A. The parties shall arrange reasonable visitation.
- ☐ 6B. Visitation/time sharing schedule shall be as follows: _____

- ☐ 6C. Supervised visitation: _____

- ☐ 6D. There shall be no visitation until further order of the Family Court.

7. ☒ Unless specified in paragraph 24 of this decree, Husband and Wife shall keep each other informed of his/her residence address and telephone number for so long as any child of the parties is a minor and for so long thereafter as there is a support order.

8. **Child Support:**

- ☐ 8A. Beginning with the first payment on the _____ day of _____, Husband shall pay to Wife for the support of the parties' child(ren) \$ _____ per child, for a total of \$ _____ per month.
- ☐ 8B. Beginning with the first payment on the _____ day of _____, Wife shall pay to Husband for the support of the parties' child(ren) \$ _____ per child, for a total of \$ _____ per month.
- ☐ 8C. Child support is reserved for a court of competent jurisdiction.
- ☒ 8D. Payments of child support shall continue for each child until the child attains the age of eighteen years, or graduates from high school, or discontinues high school, whichever occurs last. Child support shall further continue uninterrupted (including during regular school vacation periods) until the age of 23 as long as the child continues his or her education post-high school on a full-time basis at an accredited college or university or in a vocational or trade school.
- ☒ 8E. The Child Support Enforcement Agency (CSEA) is made a party for the limited issue of child support.

9. **Method of Child Support Payment** (Check either 9a OR 9b):

- ☐ 9A. All payments shall be made payable to and through the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i 96805-1860, and pursuant to the Order of Income Withholding which shall be filed with this decree.
- ☐ 9B. Direct Payment
 - ☐ Child support payments shall be paid by Husband directly to Wife.
 - ☐ Child support payments shall be paid by Wife directly to Husband.

☒ In all direct payment cases, either Husband or Wife may void the direct payment arrangement at any time and apply for services from the CSEA to receive payments through the agency. If the child(ren) of the parties receive(s) public assistance from the Department of Human Services, foster care payments or Social Security or if either parent applies to the CSEA, CSEA may immediately void a direct payment arrangement by sending notice by regular mail to both parents at their last known addresses as set forth in this Divorce Decree.

10. **Post-High School Education Support:**

- ☐ 10A. Husband shall pay _____% and Wife shall pay _____% of the educational expenses of the child(ren) for so long as the child(ren) is/are a full-time student at an accredited college or university or vocational or trade school and under the age of 23.

- ☐ 10B. For payment of expenses related to the child(ren) attending private school see paragraph 24 below.
- ☒ 10C. For these purposes, educational expenses shall be defined to include tuition, fees and the costs of necessary books and other course materials.

11. Child Health Care: For so long as Husband or Wife has an obligation to pay child support and/or educational support:

- ☐ 11A. Husband shall maintain medical and dental insurance for the benefit of the child(ren).
- ☐ 11B. Wife shall maintain medical and dental insurance for the benefit of the child(ren).
- ☐ 11C. Husband shall pay the medical and dental expenses of the child(ren) not paid by insurance up to \$_____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ____ % by Husband and ____ % by Wife.
- ☐ 11D. Wife shall pay the medical and dental expenses of the child(ren) not paid by insurance up to \$_____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ____ % by Husband and ____ % by Wife.

12. Life Insurance for the Benefit of Child(ren):

- ☐ 12A. Husband shall maintain life insurance on his life with a minimum death benefit of \$_____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.
- ☐ 12B. Wife shall maintain life insurance on her life with a minimum death benefit of \$_____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.
- ☒ 12C. If Husband or Wife dies without the required insurance, Husband's or Wife's estate shall be liable to the child(ren) to the extent that the required insurance was not maintained. Such obligation on the part of Husband's or Wife's estate shall be accorded the highest possible priority.

13. ☒ All provisions in paragraphs 3, 5, 6, 7, 8, 9, 10, 11 and 12 are subject to further order of the court.

14. Bank Savings, Checking, Credit Union Accounts and Securities (Stocks, Bonds, Mutual Funds, etc.):

- ☐ 14A. There are none.
- ☐ 14B. Each is awarded those titled in their name alone.
- ☐ 14C. Husband is awarded: _____
- _____
- _____
- _____
- ☐ 14D. Wife is awarded: _____
- _____
- _____
- _____

15. Vehicles (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.):

- ☐ 15A. There are none.
- ☐ 15B. Each party is awarded the vehicles titled in their name alone.
- ☐ 15C. Husband is awarded: _____
- _____
- _____
- _____
- ☐ 15D. Wife is awarded: _____
- _____
- _____
- _____
- ☒ 15E. Necessary transfer documents shall be signed no later than ten days following the filing of this Divorce Decree. If either party fails to do so, the Director of Finance of the City and County of Honolulu is authorized and directed to transfer the ownership of vehicle(s) if requested to do so.

16. Real Property:

☐ 16A. Neither party owns any interest of any kind in any real property.

☐ 16B. The real property shall be divided as follows: _____

_____.

17. Life Insurance:

☐ 17A. There is none.

☐ 17B. Each party is awarded the life insurance policy(ies) now held on his/her life, together with any cash value therein and subject to any debt thereon.

☐ 17C. The life insurance shall be divided as follows: _____

_____.

18. Retirement Accounts/Benefits:

☐ 18A. There are none.

☐ 18B. Each party shall keep their own.

☐ 18C. The retirement accounts/benefits of the parties shall be divided as follows: _____

_____.

19. All Other Assets (Personal Belongings, Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetary Plots or Niches, Tax Refunds Due, etc.):

☐ 19A. Each party is awarded the personal belongings and the household effects in his/her possession.

☐ 19B. Husband is awarded: _____

_____.

☐ 19C. Wife is awarded: _____

_____.

20. All Outstanding Debts:

☐ 20A. Each party shall pay all of the credit card and other debt, if any, now in his/her name alone.

☐ 20B. There are no joint debts.

☐ 20C. Husband shall pay: _____

_____.

☐ 20D. Wife shall pay: _____

_____.

21. Name Change:

☐ 21A. Wife shall resume the use of her ☐ birth surname ☐ former married name and shall be known hereafter as _____
(first, middle, last name)

☐ 21B. Husband shall resume the use of his ☐ birth surname ☐ former married name and shall be known hereafter as _____
(first, middle, last name)

22. ☐ There is a supplemental order filed concurrently with this Divorce Decree.

23. ☐ Failure of Party to Perform: If either party fails to execute any document in compliance with this decree, the other party may submit a motion to the Court, requesting that the Court appoint the Chief Clerk of the Court to execute said document on behalf of the non-compliant party. Said motion may be done without further notice to the non-compliant party. Such execution by the Chief Clerk shall have the same effect as if executed by the non-compliant party.

24. Other:

Date

Judge

APPROVED AS TO FORM AND CONTENT:

X _____
Signature of Plaintiff
SS#: _____
Address: _____

Employer's Name and Address: _____

Date Plaintiff Signed Decree: _____

X _____
Signature of Defendant
SS# _____
Address: _____

Employer's Name and Address: _____

Date Defendant Signed Decree: _____

APPROVED AS TO FORM:

X _____
Signature of Attorney for Plaintiff
Name: _____

X _____
Signature of Attorney for Defendant
Name: _____

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	ORDER FOR INCOME WITHHOLDING	CASE NUMBER FC-D NO.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;">PLAINTIFF,</div> </div> <div style="width: 45%; text-align: right;"> Preparer's Name, Address and Telephone Number </div> </div> <div style="text-align: center; margin: 20px 0;">VS.</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;">DEFENDANT.</div> </div> <div style="width: 45%; text-align: right;"> Hearing Date: Judge: Date Support Order Filed: </div> </div>		
<p>TO THE EMPLOYER OR SUCCESSOR EMPLOYER OF:</p> <p>Employee/Obligor: Address: Social Security Number:</p> <p>IT IS HEREBY ORDERED that:</p> <p>I. Pursuant to <u>Hawai'i Revised Statutes</u> (HRS) §§ 571-52.2 and 52.3, the employer or successor employer shall:</p> <ul style="list-style-type: none"> A. Withhold from any salary, wages or any entitlement of money payable to the above employee/obligor, the amount of \$_____ per month. The amount to be withheld may be apportioned from each pay period in the month. The withholding, including a \$2.00 administrative fee charged to the employee/obligor, shall not exceed the maximum permitted by section 303(b) Consumer Credit Protection Act (15 USC 1673(b)); B. Begin withholding the above amount no later than the first pay period within seven (7) days after a certified copy of this order is mailed to the employer. C. Deliver the withheld amount payable to the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i 96805-1860 no later than five (5) business days after the employee/obligor has been paid. If employer is ordered to withhold amounts for more than one employee/obligor, the total withholdings may be paid in one check with a list of amounts applicable to each employee/obligor by case number, name and social security number. <p>II. The employer is notified that:</p> <ul style="list-style-type: none"> A. It may charge the employee/obligor a \$2.00 administrative fee for each payment made to CSEA. Said fee shall not be deducted from the amount paid the CSEA (HRS §571-52.2(f)); B. This withholding order has priority over any other garnishment, attachment, execution or assignment and is not subject to exemptions or restriction s under HRS Chapter 651, 652 and 653 (HRS §571-52.2(f)); C. It is unlawful for an employer to ignore this order. Failure to comply with this order will result in the employer being responsible for the full amount ordered to be withheld (HRS §571-52.2(g)); D. It is a crime for an employer to refuse to hire, discharge or discipline a (prospective) employee/obligor due in any part to this order. (HRS §§571-52(c), 710-1077(1)(g), 706-640, and 706-663. Penalties include imprisonment and fines. 		

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2" (Re: Order for Income Withholding)	CASE NUMBER FC-D NO.
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">PLAINTIFF (Full Name)</div> </div> <div style="width: 45%; text-align: center;">VS.</div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: right;">DEFENDANT (Full Name)</div> </div> </div>		This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City, State, Zip <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Phone
STATEMENT OF MAILING I REPRESENT THAT I caused one <u>certified</u> copy of the Order for Income Withholding to be mailed by certified or registered mail, return receipt requested to: <div style="display: flex; justify-content: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center; margin-top: 5px;">Child Support Payor's Employer</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center; margin-top: 5px;">Employer's Address</div> </div> <div style="display: flex; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center; margin-top: 5px;">City/State/Zip</div> </div> <p style="margin-top: 30px;">At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.</p>		
DATE	PLAINTIFF'S SIGNATURE	

EXHIBIT "1"

EXHIBIT "2"